on the extremities, and very generally aborts if she becomes pregnant. A very small dose of the syphilitic poison is sufficient to produce these ulcers, and I believe, though the point is one difficult to be sure about, that congenital syphilis may show itself in this way in comparatively early life, *i. e.*, between puberty and twenty. At least I have had more than one patient under my care with ulcers of the leg which rapidly healed under anti-syphilitic treatment, who strongly denied any personal infection.

"In order to derive marked and immediate benefit from the iodide of potassium in these cases, the ordinary 3 and 5-grain doses are useless, and it is essential to begin with 10-grain doses thrice daily in combination with an alkali, and to push it, if necessary, to 15, 20, or even 30-grain doses, though these latter are seldom necessary. Local mercurial treatment, in the form of yellow or black wash, or the white precipitate ointment, appears to hasten the healing of these ulcers; and their recurrence is, I have no doubt, due to non-persistence in the internal treatment until the patient's health is thoroughly restored.

" Arsenic is an invaluable remedy in those common cases in which chronic eczema is a concomitant, if not the antecedent, of the ulcer of the leg. In those cases where the skin is irritable and inflamed, and the epidermis dry and scaly, local treatment may be varied without end, and a cure will not be produced; whereas, if arsenic be given internally, the leg will rapidly improve, and the ulcer heal under any simple stimulant. My experience does not corroborate the rule laid down by Mr. Hunt, of limiting the dose of the liquor arsenicalis to five minims thrice daily. After a careful and extended trial of the medicine administered in this way, I have come to the conclusion that in many cases to produce a cure it is necessary to increase the dose to ten or fifteen minims, and to maintain this high rate until the constitutional symptoms of the drug are produced. The same rule holds in the treatment of ulcers, lupoid or otherwise, on other parts of the body, but I will confine my remarks at present to ulcers of the lower extremity. I am careful always to administer arsenic upon a full stomach, and I find a remarkable tonic effect produced by its exhibition."—*Practitioner*, Aug. 1869.

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36. *Amputation of the Scapula, along with Two-thirds of the Clavicle and the Remains of the Arm.*—Dr. Patrick Heron Watson records (*Edinburgh Medical Journal*, August, 1869) the following interesting case of this: J. R., æt. 13, engaged in a paper mill, had his left arm caught between two pinion wheels, and before the engine could be stopped he received a severe injury, for which he was admitted into the Royal Infirmary 27th March, 1869. Dr. W. deemed it expedient to at once place the patient (the boy) under chloroform, for the purpose of investigating the extent of the injury. "After the removal of his clothes, the arm was found to have been nipped off at the insertion of the deltoid, at which point the brachial artery and the accompanying nerves hung loosely from the end of the stump, the artery pulsating up to almost its fusiform extremity. The whole of the deltoid region, the entire axilla, one-half of the pectoral region, and more than one-half of the clavicle and dorsum scapulæ, were exposed, as in a superficial dissection of the muscles and fascia, entirely denuded of all cutaneous covering. The skin corresponding to these bared parts hung behind like a rag fenestrated with openings made by the teeth of the wheels. The aperture in the skin through which the remains of the arm protruded resembled the arm-hole of a vest, while the sound skin around this cutaneous aperture was so detached from its subjacent adhesions that the finger could be slipped beneath it for fully an inch all round. This detachment of the untorn skin diminished the likelihood of its retaining its vitality. To leave the stump of the arm as it was, was out of the question. To amputate at the shoulder-joint was to make things no better than they were. There was in fact no means by which a sound cicatrix could possibly be obtained, except by amputation of the scapula together with the clavicle and the fragment of the arm. Having placed the patient deeply under the influence of chloroform, I proceeded to operate. The patient, in the first instance, was laid upon his side so as to expose the dorsal aspect of the scapula. With a short amputating-knife I made an incision through the centre of the cutaneous open-

ing as far as the posterior costa of the scapula, and with a sweep of the knife upwards and downwards, while the cutaneous flaps were held back, exposed the whole dorsum scapulæ. Laying hold of the bone by its inferior angles, a single incision severed a portion of the trapezius, the rhomboids, and the levator anguli scapulæ. The superior angle thus exposed was drawn downwards and outwards, and the remains of the trapezius, with the other soft attachments of the upper costa, were at once divided. The trunk and branches of the posterior scapular and supra-scapular arteries were now secured. Lastly, the serratus magnus was cut away from its insertion into the under surface of the vertebral costa of the scapula.

"The remaining vessels which bled were secured as before. The patient was now laid on his back, and the skin divided along the clavicle, from which the muscles were detached by slipping the point of the knife along the upper and lower margins. Dividing the clavicle with the saw, just external to the costo-clavicular ligaments, I cut through the pectoralis, major and minor, and, clearing the axillary vessels, gave them to an assistant. And now, on laying hold of the scapula and arm, and drawing them outwards, a few touches of the knife enabled me to clear the remaining attachments of the bones above, so as to complete the separation with a single sweep of the blade towards the axilla. The axillary artery, the acromial and pectoral branches, were at once secured, and all bleeding ceased. There were upwards of twenty vessels tied in all, but certainly not more than two ounces of blood was lost during the operation. The ligatures employed had been previously prepared by soakage in a strong carbolic acid solution. The wound was now washed out with a similar but weaker solution of the acid in water (1 to 40). The horizontal incisions were united by wire sutures, and the anterior and posterior margins of the oval opening were brought together with a strain, by means of six points of interrupted suture. The whole cutaneous surface was again completely cleansed with the carbolic acid lotion, and covered with a plaster composed of one part of carbolic acid to seven of the emplastrum saponis spread upon lint. This was laid so as to adhere smoothly and closely to the surface for six inches in every direction beyond the divided parts, to the complete exclusion of air. The patient was now conveyed to bed, laid among blankets, surrounded with hot-water bottles, and ordered champagne and brandy, together with beef-tea or milk, as circumstances might direct. These were to be given in small quantities, and frequently, so as to diminish the risks of vomiting.

"*Vespere.*—There has been a good deal of vomiting from the effect of the chloroform. There has been neither bleeding nor oozing, though there is obviously fluid contained beneath the plaster. The pulse at the wrist is 117. He is warm and comfortable. To have ice, and to continue the soup and wine."

The patient was dismissed cured on the 11th of June. He was "seventy-four days under treatment; but throughout the whole of that period had no symptom calculated to excite anxiety as to his ultimate recovery. For nearly three weeks the discharge was copious, and undoubtedly purulent, and the usual effect of this continued drain, in the form of emaciation and anæmia, was markedly observed. The carbolized dressings were employed carefully, and daily applied by myself or house-surgeon up to the 18th of April (twenty-two days), by which date the cutaneous flaps were adherent to the parts beneath. A large exposed granulating surface, corresponding to the axilla, remained, however, unhealed. It presented a weak and flabby appearance, which was apparently unaffected for good by the continuance of the carbolic acid application. During the whole of this period there was, however, no fetor arising from the discharge, which was excluded from the action of the air by being covered by the carbolic paste. Any of the secretion which escaped from beneath the paste, and soaked the nest of carded tow upon which the left side was supported when the patient was lying in bed, became more or less tainted in the intervals of twenty-four hours, between the periods at which the dressing and tow were removed. The secretion from the raw surface had at first the aspect of sticky mucus, like that secreted from the bronchi. I have observed this in every instance where carbolized non-absorbent dressings are employed. The examination of this mucus-like secretion, by means of the microscope, has uniformly shown it to consist of pus-corpuscles in a clear granular fluid. I have observed very much the same appearance in the instance of sores which, through a misapprehension on the part of the patient, have been dressed with the gutta-percha or oil-silk placed next to the skin, or where a cabbage-blade or docken leaf has been used as an application. In other cases, where the dressing has consisted of oil and carbolic acid, applied by means of lint, the carbolic acid has a transforming influence on the corpuscles, rendering them angular and shrivelled, while tha globules of oil sometimes obscure the field in such a degree as to render the recognition of any corpuscular elements impossible, until ether has been added to effect their removal.

"I have employed carbolic dressing according to the strictest methods of antisepticism in a very large number of cases of operation, using it in this way in manipulations and incisions when its use was restricted by others to its application as a putty to the occlusion of chronic abscesses after incision. I have made the applications myself, renewing them day by day, and I have carefully watched the effect. I have had no bias in favour of this plan, nor have I been prejudiced against it. I have simply employed it because it made great promises, and I have no hesitation in saying that I have been completely disappointed in my expectations. I admit that my expectations were high pitched. I acknowledge I did expect to meet with union by the first intention." * * *

Dr. W. is not inclined to accord any credit to the antiseptic treatment as having in any way assisted in the satisfactory result; he fears that it delayed the cicatrization of the granulating surface.

Dr. W. refers to the case of Dr. Stephen Rogers, and the tables given by him in the *American Journal of Medical Sciences* for October, 1868.

37. *Paracentesis Thoracis.*—Prof. Kussmaul reports (*Deutsches Archives fur Klinische Medicin*, 4, 1868) sixteen cases in which the operations were performed for pleurisy, empyema, and pyopneumothorax. He says that the reason why the operation so often fails is, to a large extent, because an exact appreciation is not made of the circumstances in which it is most effective. One must have a clear idea of what one intends to do, and especially whether puncture or incision, or even resection of the ribs, may be the best proceeding. He is convinced from his experience that the operation, properly employed, is a most valuable addition to the resources of medicine.

Kussmaul relates the case of a boy of five years with a purulent effusion of three months' standing, and in whom suffocation was imminent. A fine trocar was introduced in the sixth intercostal space on a line with the nipple; greenish-yellow pus without smell escaped. In twenty-four hours 24 oz. of pus escaped through the canula without any entrance of air. The most striking improvement was observed. Pus was evacuated during six months through the tube. When the exit of pus was prevented by the valvular closure of the tube the patient invariably got worse, and was immediately benefited by a fresh evacuation. The patient was discharged in six months, but his parents did not sufficiently attend to the escape of the pus, and in three months he came back to the hospital. An iodine solution was then injected daily, and the secretion was much diminished. In four months' time he was discharged with a slight contraction of the left side, but otherwise in quite good health.

In the case of a child of eighteen months, with purulent effusion of four months' standing in the right pleura, a silver canula was introduced into the fifth intercostal space and fastened in. In five or six weeks the child was dismissed with considerable contraction of the right side, which, however, righted itself after some years.

In the third case there was pyopneumothorax following puerperal fever. There were great constitutional distress and dyspnœa, and also fetid expectoration and breath. An incision was made in the eighth intercostal space two inches from the spine; air passed out first, and then 100 ounces of stinking pus. The fever was much reduced. After the operation an elastic catheter six inches long was introduced. The pus passed out from this with each cough; if its exit was barred, feverishness at once occurred. The lung gradually assumed its proper size, the vesicular breathing was heard; as the secretion diminished,